



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024
Charles Leonard
Phoenix Residential Services Inc
PO Box 431034
Pontiac, MI 48341

RE: License #: AS630368424

**Liza Home
1253 Liza Blvd
Pontiac, MI 48342**

Dear Mr. Leonard:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630368424
Licensee Name:	Phoenix Residential Services Inc
Licensee Address:	102 Franklin Blvd Pontiac, MI 48341
Licensee Telephone #:	(248) 338-3743
Licensee/Licensee Designee:	Charles Leonard
Administrator:	Charles Leonard
Name of Facility:	Liza Home
Facility Address:	1253 Liza Blvd Pontiac, MI 48342
Facility Telephone #:	(248) 276-4719
Original Issuance Date:	04/13/2016
Capacity:	4
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
It was not meal time during the onsite.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.
A working thermometer was not available.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SIR CAP Approved 11/04/22; 312(4)(b)
- SIR CAP Approved 04/02/22; 312(4)(b), 312(2)
- LSR CAP Approved 09/15/22; 803(3), 301(4), 301(6), 312(7), 312(2), 312(4)(b), 318(5), 511(1), 507(5)
- LSR CAP Approved 10/22/20; 301(10), 301(4), 310(3), 205(4), 203(1) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/15/22

The fire drills for 2022 was missing a fire drill conducted during sleeping hours in the third quarter. During the second quarter, the time of the fire drill was not documented.

The fire drills for 2023 was missing a fire drill conducted during sleeping hours in the third quarter. During the first and second quarters, there were fire drills that did not document whether or not the fire drill was completed in the am or pm.

R 330.1803 Facility environment; fire safety.

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
(a) Improve the score to at least the "slow" category.**

An E-score was completed for Resident A when he was admitted on 4/23/24. However, a new evacuation assessment was not completed for the other residents when Resident A was admitted.

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 10/22/20

The licensee designee Charles Leonard did not complete annual trainings for 2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/15/22 AND 10/22/20

The licensee designee Charles Leonard did not date the assessment plan following his signature on Resident A's assessment plan.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care

agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/15/22

Resident B's resident care agreement was not completed at the time of admission. Resident B was admitted on 08/01/22 however; his resident care agreement was completed on 08/10/22.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

Resident A's identification record is missing his burial provisions and doctor contact information.

Resident B's identification record is missing his burial provisions and insurance information.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 09/15/22

The fire drills for 2022 was missing a fire drill conducted during sleeping hours in the third quarter. During the second quarter, the time of the fire drill was not documented.

The fire drills for 2023 was missing a fire drill conducted during sleeping hours in the third quarter. During the first and second quarters, there were fire drills that did not document whether or not the fire drill was completed in the am or pm.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Resident B's bedroom closet door has been removed and needs to be replaced.

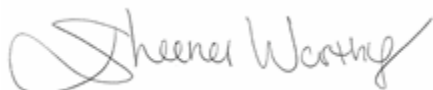
Resident W's bedroom closet door is missing a door handle.

The hallway closet door needs repair as it is off track.

A corrective action plan was requested and approved on 10/02/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Worthy
Licensing Consultant

10/02/24
Date